

Unusual Enrollment History Review

2023-2024

Financial Aid Office 7390 S. 6th Street Klamath Falls, OR 97603 (541) 880-2352 finaid@klamathcc.edu

<u>Please complete the steps below.</u> Your application for financial and ALL required documentation. You will be notified via mail of	aid will not be considered until you submit this completed form our decision.
Student's Full Name	Student's Social Security Number
<u>STEP 1</u> : Obtain an official academic transcript from all previous official academic transcripts to the Financial Aid Department. <u>STEP 2</u> : List below the name of any education instititutition(s) a	
the review period (2019-20, 2021-22, and 2022-23 and did not r	
attach a separate page. Include your name at the top of each pa	
STEP 3: For each school listed in Step 2, attach a statement exp that instititutition while receiving Federal Pell Grant funds during medical bills, hospitalizatition records, accident reports, etc.) Note: Expersonalized statements on your behalf must be notarized. By signing below, I certify that the information submit	Oocumentatition is required and must be official. Any
Student's Signature	Date
OFFICE USE ONLY REVIEWED BY	REVIEW DATE
All transcripts reviewedCredit was earned at each insti	tutionNo other concerns _Clear Flag
Transcript from missing; transcri	
SCHOOLCredit not earnedOther:	DATE ODENY Aid